

For Office Use Only

PMT # _____

AMT _____

PST _____

Illinois Charitable Organization Annual Report

Attorney General **Lisa Madigan** State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

Form AO990-IL
Revised 3/05 to 2004

Report for the Fiscal Period:
Beginning 1/01/10
& Ending 12/31/10
MO DAY YR

COW _____

Check all items attached:

- Copy of IRS Return
 Audited Financial Statements
 Copy of Form 990
 \$15.00 Annual Report Filing Fee
 \$100.00 Late Report Filing Fee

Make Checks
Payable to
the Illinois
Charity
Account Fund

Federal ID # 20-1368674Are contributions to the organization tax deductible? Yes No

Date Organization was created: _____

LEGAL NAME ROCK FOR READING, NFPMAIL ADDRESS 1941 NORTH MAUD AVENUECITY STATE ZIP CODE CHICAGO, IL 60614-4907

Year-end amounts	
A ASSETS	A0 13,935.
B LIABILITIES	B0 0.
C NET ASSETS	C0 13,935.

PERCENTAGE	AMOUNT
% D0	
% E0	
% F0	
100%	G0 0.

% H0	
% I0	
% J0	0.

% K0	
% L0	0.
% M0	
% N0	

100%	O0 0.
% P0	0.
% Q0	0.
% R0	0.

100%	S0 0.
% T0	
% U0	
% V0	

% W0	002
% X0	
% Y0	

See instructions for list CODE	
W#	002
X#	
Y#	

I SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:

- D PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REVENUE (GROSS AMOUNTS) _____
- E GOVERNMENT GRANTS AND MEMBERSHIP DUES _____
- F OTHER REVENUES _____
- G TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, AND F) _____

II SUMMARY OF ALL EXPENDITURES DURING THE YEAR:

- H OPERATING CHARITABLE PROGRAM EXPENSE _____
- I EDUCATION PROGRAM SERVICE EXPENSE _____
- J TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H AND I) _____
- J1 JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J) _____
- K GRANTS TO OTHER CHARITABLE ORGANIZATIONS _____
- L TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J AND K) _____
- M MANAGEMENT AND GENERAL EXPENSE _____
- N FUNDRAISING EXPENSE _____
- O TOTAL EXPENDITURES THIS PERIOD (ADD L, M, AND N) _____

III SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:

- (Attach Attorney General Report of Individual Fundraising Campaign - Form 990-IL One for each PFR.)
- PROFESSIONAL FUNDRAISERS:
- P TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS _____
- Q TOTAL FUNDRAISERS FEES AND EXPENSES _____
- R NET RECEIVED BY THE CHARITY (P MINUS Q-R) _____
- PROFESSIONAL FUNDRAISING CONSULTANTS:
- S TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS _____

IV COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

- T NAME, TITLE: _____
- U NAME, TITLE: _____
- V NAME, TITLE: _____

V CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (S HIGHEST BY \$ EXPENDED) CODE CATEGORIES

- W DESCRIPTION: GRANTS TO EDUCATIONAL READING PROGRAMS
- X DESCRIPTION: _____
- Y DESCRIPTION: _____

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

	YES	NO
1 WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		
2 HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		X
3 DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		X
4 HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		X
5 IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		X
6 DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IF C)		X
7a DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		X
7b IF YES, ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		X
8 DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		X
9 HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		X
10 WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		X
11 LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: <u>See Statement 1</u>		X
12 NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>ANTHONY BOWKER 773-549-7585</u>		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1 REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2 FOR FEES DUE SEE INSTRUCTIONS.
- 3 REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

ANTHONY BOWKER

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

Harry D. Bond

PREPARED BY (PRINT NAME)

SIGNATURE

DATE

H.A. Gordon & Company, P.C.
2625 Butterfield Rd Suite 129 W
Oak Brook, IL 60523

Statement 1

Form AG990-IL, Page 2, Question 11

Name and Account Number of Institutions Holding Three Largest Accounts

LASALLE BANK
130 S LASALLE CHICAGO, IL. 60603

Short Form Return of Organization Exempt From Income Tax

Under section 501(c)(3), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

* Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain (including organizations as defined in section 512(b)(13)) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

* The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning _____, 2010, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C **ROCK FOR READING, NFP**
 1941 NORTH MAUD AVENUE
 CHICAGO, IL 60614-4907

D Employer identification number
20-1368674

E Telephone number
773-549-7585

F Group Exemption Number _____

G Accounting Method: Cash Accrual Other (specify) _____

I Website: www.rockforreading.com

J Tax exempt status (if only one) - 501(c)(3) 501(c)(1) (insert no.) 501(c)(2) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-TF).

K Check if the organization is not a section 509(a)(2) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7c, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (D) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. 0 46,970.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

1	Contributions, gifts, grants, and similar amounts received	1	46,970.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c	Less: direct expenses from gaming and fundraising events	6c	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (Describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	46,970.
10	Grants and similar amounts paid (list in Schedule O)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	2,550.
15	Printing, publications, postage, and shipping	15	
16	Other expenses (Describe in Schedule O)	16	62.
17	Total expenses. Add lines 10 through 16	17	47,139.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	49,751.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	-2,781.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	16,716.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	13,935.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

Part V Other Information (Note the statement requirements in the instructions for Part V.) See Schedule O. Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		<input checked="" type="checkbox"/>
34 Were any significant changes made to its organizing or governing documents? If "Yes," attach a certified copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change in Schedule O (see instructions).	34	<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 5a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.	35a	<input checked="" type="checkbox"/>
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 5033(a) notice, reporting, and proxy tax requirements?	35b	
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		<input checked="" type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule M.	36	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.		<input checked="" type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved.	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9.	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities.	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4901 0. ; section 4912 0. ; section 4955 0.		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b	<input checked="" type="checkbox"/>
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	40c	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.	40d	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed None		

42a The organization's books are in care of **ANTHONY BOMBER** Located at **1941 NORTH MAUD AVENUE CHICAGO IL** Telephone no. **312-953-3260** ZIP + 4 **60614-4907**

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: _____	42b	<input checked="" type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: _____	42c	<input checked="" type="checkbox"/>

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Account.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 9941 - Check here <input type="checkbox"/> N/A and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a	<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44b	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	44d	

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? Yes No
- 46 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule H may need to be completed instead of Form 990-EZ (see inst.) Yes No
- 47 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. Yes No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. Yes No
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. Yes No
- 49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
- 49b If "Yes," was the related organization a section 527 organization? Yes No
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ▶

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

g Total number of other independent contractors each receiving over \$100,000 ▶

- 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	ANTHONY BOWSER		Treasurer	
Paid Preparer Use Only	Print preparer's name		Preparer's signature	
	H.A. Gordon & Company, P.C.		Date	
	Print address		Check <input type="checkbox"/> self-employed <input checked="" type="checkbox"/> P/TW	
	2625 Butterfield Rd Suite 129 W Oak Brook, IL 60523		Phone no. (630) 571-2808	

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

BAA

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 5047(a)(1) nonexempt charitable trust.

• Attach to Form 990 or Form 990-EZ. • See separate instructions.

Name of the organization
ROCK FOR READING, MFP

Employer identification number

20-1368574

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
 - 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
 - 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
 - 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
 - 8 A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
 - 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions -- subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part II.)
 - 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11a through 11c.
 - a Type I
 - b Type II
 - c Type III -- Functionally integrated
 - d Type III -- Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box: _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? _____

- (i) A person who directly or indirectly controls, either alone or together with persons described in (i) and (ii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s).

(a) Name of supported organization	(b) EIN	(c) Type of organization described on lines 1-5 above or IRC section (see instructions)	(d) Is the information in column (c) listed in your governing document?		(e) Did you notify the organization in column (c) of your support?		(f) Is the organization in column (c) organized in the U.S.?		(g) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(v) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) *	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) *	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)						
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(2) organization, check this box and stop here						12

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test - 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 33-1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		<input type="checkbox"/>

BAA

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal yr beginning in)*	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any "unrelated grants.")	136,820.	173,320.	111,371.	55,548.	46,970.	524,029.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	41.	1,193.	330.			1,564.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5.	136,861.	174,513.	111,701.	55,548.	46,970.	525,593.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						525,593.

Section B. Total Support

Calendar year (or fiscal yr beginning in)*	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	136,861.	174,513.	111,701.	55,548.	46,970.	525,593.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						0.
13 Total support. (Add lines 9, 11, and 12.)	136,861.	174,513.	111,701.	55,548.	46,970.	525,593.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	100.0 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	0.0 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0.0 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.0 %

- 19a 33-1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- b 33-1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part III, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Supplemental Information to Form 990 or 990-EZ

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Name of the organization

ROCK FOR READING, NFP

Employer identification number

20-1368674

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

FUNDRAISING PROGRAMS; RAISED SPONSORSHIP GRANTS AND CONTRIBUTIONS FROM CORPORATIONS AND INDIVIDUALS. MAINTAINED WEBSITE TO PUBLICIZE MISSION AND CREATE AWARENESS AMONG POTENTIAL GRANTEEES. SOLICITED GRANT APPLICATIONS FROM QUALIFYING LIBRARY AND READING PROGRAMS. MADE GRANTS TO LITERACY PROGRAMS FOR ADULT AND CHILDREN.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

FUNDRAISING PROGRAMS; RAISED SPONSORSHIP GRANTS AND CONTRIBUTIONS FROM CORPORATIONS AND INDIVIDUALS. MAINTAINED WEBSITE TO PUBLICIZE MISSION AND CREATE AWARENESS AMONG POTENTIAL GRANTEEES. SOLICITED GRANT APPLICATIONS FROM QUALIFYING LIBRARY AND READING PROGRAMS. MADE GRANTS TO LITERACY PROGRAMS FOR ADULT AND CHILDREN.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No

ROCK FOR READING, NFP

20-1368674

Form 990-EZ, Part I, Line 16
Other Expenses

BANK AND CREDIT CARD FEES.....	0	6.
CONTRACT LABOR.....		22,040.
Depreciation.....		198.
EVENT EXPENSES.....		5,134.
INSURANCE.....		980.
MEETING EXPENSE.....		43.
MISCELLANEOUS.....		65.
OTHER.....		18,073.
WEBSITE.....		600.
Total	\$	<u>47,139.</u>

Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Machinery and Equipment.....	\$ 1,193.	\$ 995.
Total	\$ <u>1,193.</u>	\$ <u>995.</u>

Rock for Reading, NFP
Audited Financial Statements
For the Years Ended December 31, 2010 and 2009

Rock for Reading, NFP

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Rock for Reading, NFP

We have audited the accompanying consolidated balance sheets of Rock for Reading, NFP, as of December 31, 2010 and 2009, and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Rock for Reading, NFP, as of December 31, 2010 and 2009, and the changes in its net assets and in cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

H.A. Gordon & Company, P.C.
May 5, 2011

Rock for Reading, NFP
 Statements of Financial Position
 For the Years Ended December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
ASSETS		
Current Assets		
Cash	\$ 12,940	\$ 15,523
Total Current Assets	<u>12,940</u>	<u>15,523</u>
Fixed Assets		
Property and Equipment, net	<u>995</u>	<u>1,193</u>
Total fixed Assets	<u>995</u>	<u>1,193</u>
Total Assets	<u>\$ 13,935</u>	<u>\$ 16,716</u>
NET ASSETS		
Unrestricted	<u>\$ 13,935</u>	<u>\$ 16,716</u>
Total Net Assets	<u>13,935</u>	<u>16,716</u>
Total Liabilities and Net Assets	<u>\$ 13,935</u>	<u>\$ 16,716</u>

Rock for Reading, NFP
Statement of Activities
For the Years Ended December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
UNRESTRICTED NET ASSETS:		
Unrestricted Revenues		
Sponsorship	\$ 0	\$ 5,500
Event Revenue	23,239	25,313
Contributions	<u>23,731</u>	<u>24,735</u>
Total Unrestricted Revenue	<u>46,970</u>	<u>55,548</u>
EXPENSES		
Advertising & Promotion	\$ 0	\$ 650
Bank Charges	6	0
Contract Labor	22,040	28,167
Depreciation	198	396
Event Expenses	5,134	8,812
Grants	0	55,000
Insurance	980	980
Professional	2,550	2,500
Maintenance Fee	0	96
Meeting Expense	43	60
Miscellaneous	65	30
Office Supplies	0	297
Postage and Printing	62	2,350
Program Expenses	18,073	15,590
Telephone	0	45
Website	<u>600</u>	<u>1,980</u>
Total Expenses	<u>\$ 49,751</u>	<u>\$ 116,953</u>
Decrease in Unrestricted Net Assets	(2,781)	(61,405)
Net Assets at Beginning of Year	<u>16,716</u>	<u>78,121</u>
Net Assets at End of Year	<u>\$ 13,935</u>	<u>\$ 16,716</u>

Rock for Reading, NFP
Statement of Cash Flows
For the Years Ended December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase (Decrease) in Net Assets	\$ (2,781)	\$ (61,009)
Adjustments to Reconcile Increase in Net Assets to Net Cash Provided by Operating:		
Depreciation	198	396
Net Cash Provided by Operating Activities	(2,583)	(60,217)
Beginning Cash and Cash Equivalents	15,523	76,532
Ending Cash and Cash Equivalents	\$ 12,940	\$ 15,523

NOTE A: NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES

Nature of Activities

Rock for Reading, NFP (the Organization) awards grants to libraries, schools and education/advocacy organizations that support reading programs. Rock for Reading, NFP raises awareness, funds and tools through a series of musical concerts. The Organization is supported primarily through donor contributions, sponsorships, and revenue earned at the musical concerts.

Contributed Services

During the year ended December 31, 2010 and 2009, the value of contributed services meeting the requirements for recognition in the financial statements was not material and has not been recorded. In addition, many individuals volunteer their time and perform a variety of tasks that assist the Organization in obtaining grants and organizing the musical concerts, but these services do not meet the criteria for recognition as contributed services.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that may affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Property and Equipment

It is the Organization's policy to capitalize property and equipment over \$1,000. Lesser amounts are expensed. Purchased property and equipment is capitalized at cost. Donations of property and equipment are recorded as contributions at their estimated fair value. Such donations are reported as unrestricted contributions unless the donor has restricted the donated asset to a specific purpose. Property and equipment are depreciated using the straight-line methods.

Financial Statement Presentation

The organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. As permitted by the statement, the Organization does not use fund accounting.

Rock for Reading, NFP
Notes to Financial Statements

Advertising

The total advertising cost expensed by the organization at December 31, 2010 and 2009, was \$0 and \$650 respectively. The organization expenses advertising costs as incurred.

Contributions

Under SFAS No. 116, *Accounting for Contributions Received and Contributions Made*, contributions received as unrestricted, temporarily restricted, or permanently restricted support depending on the existence or nature of any donor restrictions.

Income Taxes

The Organization is a not-for-profit organization that is exempt from income taxes under Section 501C(3) of the Internal Revenue Code. The Internal Revenue Service further classifies the Organization as a public charity. The Organization received Internal Revenue Service classification on January 18, 2005.

Cash and Cash Equivalents

For purpose of the statement of cash flows, the Organization considers all highly liquid investments available for current use with an initial maturity of three months or less to be cash equivalents.

NOTE B: CASH

The total cash held by the Organization at December 31, 2010 and 2009, includes \$0.00 and \$0.00, respectively, in monies that are not covered by insurance provided by the federal government. It is the opinion of management that the solvency of the referenced financial institution is not of particular concern at this time.

NOTE C: PROPERTY AND EQUIPMENT

Property and equipment consist of the following:

	<u>2010</u>	<u>2009</u>
Computer Equipment	\$3,438	\$3,438
Accumulated Depreciation	<u>(2,443)</u>	<u>(2,245)</u>
Total	<u>\$ 995</u>	<u>\$1,193</u>

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospitals, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning		, 2010, and ending	
B Check if applicable:	C		D Employer identification number
<input type="checkbox"/> Address change	ROCK FOR READING, NFP		20-1368574
<input type="checkbox"/> Name change	1941 NORTH MAUD AVENUE		E Telephone number
<input type="checkbox"/> Initial return	CHICAGO, IL 60614-4907		773-549-7585
<input type="checkbox"/> Terminated			F Group Exemption Number
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____			
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).			
I Website: <u>www.rockforreading.com</u>			
J Tax-exempt status (do not check more than one) - <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(1) <input type="checkbox"/> 501(c)(29) (insert as) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check <input type="checkbox"/> if the organization is not a section 509(a)(2) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.			
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 26, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.			\$ 46,970.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

REVENUES	1 Contributions, gifts, grants, and similar amounts received	1	46,970.	
	2 Program service revenue including government fees and contracts	2		
	3 Membership dues and assessments	3		
	4 Investment income	4		
	5a Gross amount from sale of assets other than inventory	5a		
	5b Less: cost or other basis and sales expenses	5b		
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6 Gaming and fundraising events			
	6a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	6b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
6c Less: direct expenses from gaming and fundraising events	6c			
6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a Gross sales of inventory, less returns and allowances	7a			
7b Less: cost of goods sold	7b			
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8 Other revenue (describe in Schedule O)	8			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	46,970.		
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10		
	11 Benefits paid to or for members	11		
	12 Salaries, other compensation, and employee benefits	12		
	13 Professional fees and other payments to independent contractors	13		
	14 Occupancy, rent, utilities, and maintenance	14	2,550.	
	15 Printing, publications, postage, and shipping	15		
	16 Other expenses (describe in Schedule O)	16	62.	
	17 Total expenses. Add lines 10 through 16	17	47,139.	
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,781.	
	NET ASSETS OR FUND BALANCES	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	16,716.
		20 Other changes in net assets or fund balances (explain in Schedule O)	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20		21	13,935.	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

Part V Other Information (Note the statement requirements in the instructions for Part V.) See Schedule O. Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.		<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income as Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(29) organization subject to section 5033(c) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?		<input checked="" type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule L.		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b Did the organization file Form T120-POL for this year?		<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9.	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities.	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	40b	<input checked="" type="checkbox"/>
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		
41 List the states with which a copy of this return is filed ▶ None	40e	<input checked="" type="checkbox"/>
42a The organization's books are in care of ▶ ANTHONY BOWKER located at ▶ 1941 NORTH SAUND AVENUE CHICAGO IL Telephone no. ▶ 312-953-3260 DP +1 ▶ 60614-4907		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country.	42b	<input checked="" type="checkbox"/>
See the instructions for complete and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Account.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country.	42c	<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. ▶ <input type="checkbox"/> N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A		
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44a	<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44b	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	44d	

Public Charity Status and Public Support

2010

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

• Attach to Form 990 or Form 990-EZ. • See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

ROCK FOR READING, NFP

Employer identification number

20-1368674

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v).
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vii). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(viii). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box: _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
- (ii) A family member of a person described in (i) above? _____
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

	Yes	No
11g (i)		
11g (ii)		
11g (iii)		

h Provide the following information about the supported organization(s):

(a) Name of supported organization	(b) EIN	(c) Type of organization described on lines 1-5 above or IRC section (see instructions)	(d) Is the organization in column (c) listed in your governing document?		(e) Did you verify the organization in column (c) of your report?		(f) Is the organization in column (c) organized in the U.S.?		(g) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) *	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) *	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test - 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 33-1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		<input type="checkbox"/>

BAA

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any "unusual grants.")	136,820.	173,320.	111,371.	55,548.	46,970.	524,029.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	41.	1,193.	330.			1,564.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	136,861.	174,513.	111,701.	55,548.	46,970.	525,593.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						525,593.

Section B. Total Support

Calendar year (or fiscal yr beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 8	136,861.	174,513.	111,701.	55,548.	46,970.	525,593.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						0.
13 Total support. (Add lines 9, 10, 11, and 12.)	136,861.	174,513.	111,701.	55,548.	46,970.	525,593.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	100.0 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	0.0 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0.0 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.0 %

19a 33-1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Supplemental Information to Form 990 or 990-EZ

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Name of the organization

BOOK FOR READING, NFP

Employer identification number

20-1368674

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

FUNDRAISING PROGRAMS: RAISED SPONSORSHIP GRANTS AND CONTRIBUTIONS FROM CORPORATIONS AND INDIVIDUALS. MAINTAINED WEBSITE TO PUBLICIZE MISSION AND CREATE AWARENESS AMONG POTENTIAL GRANTEEES. SOLICITED GRANT APPLICATIONS FROM QUALIFYING LIBRARY AND READING PROGRAMS. MADE GRANTS TO LITERACY PROGRAMS FOR ADULT AND CHILDREN.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

FUNDRAISING PROGRAMS: RAISED SPONSORSHIP GRANTS AND CONTRIBUTIONS FROM CORPORATIONS AND INDIVIDUALS. MAINTAINED WEBSITE TO PUBLICIZE MISSION AND CREATE AWARENESS AMONG POTENTIAL GRANTEEES. SOLICITED GRANT APPLICATIONS FROM QUALIFYING LIBRARY AND READING PROGRAMS. MADE GRANTS TO LITERACY PROGRAMS FOR ADULT AND CHILDREN.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No

ROCK FOR READING, NFP

20-1368674

Form 990-EZ, Part I, Line 16
Other Expenses

BANK AND CREDIT CARD FEES	\$	6.
CONTRACT LABOR		22,040.
Depreciation		198.
EVENT EXPENSES		5,134.
INSURANCE		980.
MEETING EXPENSE		43.
MISCELLANEOUS		65.
OTHER		18,073.
WEBSITE		600.
Total	\$	<u>47,139.</u>

Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Machinery and Equipment	\$ 1,193.	\$ 995.
Total	<u>\$ 1,193.</u>	<u>\$ 995.</u>

For Office Use Only

PMT # _____

AMT _____

INT _____

Illinois Charitable Organization Annual Report

Attorney General **Lisa Madigan** State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

Form AG2010-IL
Revised 3/05 to 2010

Report for the Fiscal Period:

Beginning 1/01/10& Ending 12/31/10

MO DAY YR

Make Checks
Payable to
the Illinois
Charity
Revenue Fund

COM _____

Check all items attached:

- Copy of IRS Return
 Audited Financial Statements
 Copy of Form 990
 \$15.00 Annual Report Filing Fee
 \$20.00 Late Report Filing Fee

MO DAY YR

Federal ID # 20-1368674Are contributions to the organization tax deductible? Yes No

Date Organization was created: _____

LEGAL NAME ROCK FOR READING, NFPMAIL ADDRESS 1941 NORTH MAUD AVENUECITY, STATE, ZIP CODE CHICAGO, IL 60614-4907

Year-end amounts	
A ASSETS	A\$ 13,935.
B LIABILITIES	B\$ 0.
C NET ASSETS	C\$ 13,935.

I SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:

D PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REVENUE (GROSS AMOUNTS)

E GOVERNMENT GRANTS AND MEMBERSHIP DUES

F OTHER REVENUES

G TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, AND F)

PERCENTAGE	AMOUNT
\$	D\$
\$	E\$
\$	F\$
100%	G\$ 0.

II SUMMARY OF ALL EXPENDITURES DURING THE YEAR:

H OPERATING CHARITABLE PROGRAM EXPENSE

I EDUCATION PROGRAM SERVICE EXPENSE

J TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H AND I)

J1 JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J) \$

K GRANTS TO OTHER CHARITABLE ORGANIZATIONS

L TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J AND K)

M MANAGEMENT AND GENERAL EXPENSE

N FUNDRAISING EXPENSE

O TOTAL EXPENDITURES THIS PERIOD (ADD L, M, AND N)

\$	H\$
\$	I\$
\$	J\$ 0.
\$	K\$
\$	L\$ 0.
\$	M\$
\$	N\$
100%	O\$ 0.

III SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:

(Attach Attorney General Report of Individual Fundraising Campaigns - Form IFC, One for each PTR.)

PROFESSIONAL FUNDRAISERS:

P TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS

Q TOTAL FUNDRAISERS FEES AND EXPENSES

R NET RECEIVED BY THE CHARITY (P MINUS Q=RO)

PROFESSIONAL FUNDRAISING CONSULTANTS:

S TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS

100%	P\$ 0.
\$	Q\$ 0.
\$	R\$ 0.
\$	S\$ 0.

IV COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

T NAME, TITLE: _____

U NAME, TITLE: _____

V NAME, TITLE: _____

V CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIESW DESCRIPTION: GRANTS TO EDUCATIONAL READING PROGRAMS

X DESCRIPTION: _____

Y DESCRIPTION: _____

See instructions for list CODE

W# 002

X#

Y#

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

	YES	NO
1 WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		X
2 HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		X
3 DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		X
4 HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		X
5 IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		X
6 DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM 990)		X
7a DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		X
7b IF YES, ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8 DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		X
9 HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		X
10 WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		X
11 LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: <u>See Statement 1</u>		
12 NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>ANTHONY BOWKER 773-549-7585</u>		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1 REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2 FOR FEES DUE SEE INSTRUCTIONS.
- 3 REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

ANTHONY BOWKER

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

PREPARER (PRINT NAME)

H.A. Gordon & Company, P.C.
2625 Butterfield Rd Suite 129 W
Oak Brook, IL 60523

SIGNATURE

DATE

Statement 1

Form AG990-IL, Page 2, Question 11

Name and Account Number of Institutions Holding Three Largest Accounts

LASALLE BANK
130 S LASALLE CHICAGO, IL. 60603

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- * Supporting organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain confederate organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- * The organization may have to use a copy of this return to satisfy state reporting requirements.

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning _____, 2010, and ending _____	
B Check if applicable:	C
<input type="checkbox"/> Address change	ROCK FOR READING, NFP 1941 NORTH MAUD AVENUE CHICAGO, IL 60614-4907
<input type="checkbox"/> Name change	
<input type="checkbox"/> Initial return	
<input type="checkbox"/> Terminated	
<input type="checkbox"/> Amended return	
<input type="checkbox"/> Application pending	
D Employer identification number 20-1368674	
E Telephone number 773-549-7585	
F Group Exemption Number	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____	
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: www.rockforreading.com	
J Tax-exempt status (check only one) - <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) _____ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.	
L Add lines 5b, 5c, and 7c, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 21, column (B)) below are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 46,970.	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I

REVENUES	1 Contributions, gifts, grants, and similar amounts received	1	46,970.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less: cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	6a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c Less: direct expenses from gaming and fundraising events	6c		
6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
7b Less: cost of goods sold	7b		
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	46,970.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	2,550.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	62.
	16 Other expenses (describe in Schedule O) See Schedule O	16	47,139.
	17 Total expenses. Add lines 10 through 16	17	49,751.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,781.	
NET ASSETS OR FUND BALANCES	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	16,716.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	13,935.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Part V Other Information (Note the statement requirements in the instructions for Part V.) See Schedule OCheck if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change in Schedule O (see instructions).		X
35 If the organization had income from business activities, such as those reported on lines 2, 4a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(29) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	38b N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9.	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities.	39b N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	40c 0.	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.	40d 0.	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40e	X
41 List the states with which a copy of this return is filed None		

42a The organization's books are in care of **ANTHONY BOWKER** Telephone no. **312-953-3260**
 Located at **1941 NORTH MAUD AVENUE CHICAGO IL** ZIP + 4 **60614-4907**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
 If 'Yes,' enter the name of the foreign country: _____

	Yes	No
42b		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Account.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
 If 'Yes,' enter the name of the foreign country: _____

	Yes	No
42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		
44d		

- | | Yes | No |
|---|-----|----|
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? | 45 | X |
| a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule H may need to be completed instead of Form 990-EZ (see inst.) | 45a | X |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. | 46 | X |

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

- | | Yes | No |
|--|-----|----|
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. | 47 | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. | 48 | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| b If "Yes," was the related organization a section 527 organization? | 49b | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000:

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000:

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Title	
	ANTHONY BOMBER		Treasurer	
Paid Preparer Use Only	Print/preparer's name		Preparer's signature	Date
	Firm's name <input type="checkbox"/> H.A. Gordon & Company, P.C.		Check <input type="checkbox"/> if FTN	
	Firm's address <input type="checkbox"/> 2625 Butterfield Rd Suite 129 W		Firm's EIN <input type="checkbox"/> N/A	
	Oak Brook, IL 60523		Phone no. (630) 571-2808	

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

BAA

Public Charity Status and Public Support

2010

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

• Attach to Form 990 or Form 990-EZ. • See separate instructions.

Name of the organization

ROCK FOR READING, NFP

Employer identification number

20-1368674

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part III.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vii). (Complete Part III.)
- 8 A community trust described in section 170(b)(1)(A)(viii). (Complete Part III.)
- 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III — Functionally integrated
 - d Type III — Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box. _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (i) and (ii) below, the governing body of the supported organization? 11g (i)		
(ii) A family member of a person described in (i) above? 11g (ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g (iii)		

h Provide the following information about the supported organization(s).

(A) Name of supported organization	(B) EIN	(C) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(D) Is the organization in column (D) listed in your governing document?		(E) Did you notify the organization in column (E) of your support?		(F) Is the organization in column (F) supported in the U.S.?		(G) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) *	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include unusual grants.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) *	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test - 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 33-1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		<input type="checkbox"/>

BAA

Schedule A (Form 990 or 990-EZ) 2010

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part I. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal yr beginning in)*	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any "unusual grants.")	136,820.	173,320.	111,371.	55,548.	46,970.	524,029.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	41.	1,193.	330.			1,564.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	136,861.	174,513.	111,701.	55,548.	46,970.	525,593.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						525,593.

Section B. Total Support

Calendar year (or fiscal yr beginning in)*	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 8	136,861.	174,513.	111,701.	55,548.	46,970.	525,593.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11 Net income from unrelated business activities set included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (Add lines 9, 11, and 12.)	136,861.	174,513.	111,701.	55,548.	46,970.	525,593.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	100.0 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	0.0 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0.0 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.0 %

19a 33-1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
* Attach to Form 990 or 990-EZ.

Name of the organization

ROCK FOR READING, NFP

Employer identification number

20-1368674

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

FUNDRAISING PROGRAMS: RAISED SPONSORSHIP GRANTS AND CONTRIBUTIONS FROM CORPORATIONS AND INDIVIDUALS. MAINTAINED WEBSITE TO PUBLICIZE MISSION AND CREATE AWARENESS AMONG POTENTIAL GRANTEEES. SOLICITED GRANT APPLICATIONS FROM QUALIFYING LIBRARY AND READING PROGRAMS. MADE GRANTS TO LITERACY PROGRAMS FOR ADULT AND CHILDREN.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

FUNDRAISING PROGRAMS: RAISED SPONSORSHIP GRANTS AND CONTRIBUTIONS FROM CORPORATIONS AND INDIVIDUALS. MAINTAINED WEBSITE TO PUBLICIZE MISSION AND CREATE AWARENESS AMONG POTENTIAL GRANTEEES. SOLICITED GRANT APPLICATIONS FROM QUALIFYING LIBRARY AND READING PROGRAMS. MADE GRANTS TO LITERACY PROGRAMS FOR ADULT AND CHILDREN.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No

ROCK FOR READING, NFP

20-1368674

Form 990-EZ, Part I, Line 16
Other Expenses

BANK AND CREDIT CARD FEES.....	\$	6.
CONTRACT LABOR.....		22,040.
Depreciation.....		198.
EVENT EXPENSES.....		5,134.
INSURANCE.....		980.
MEETING EXPENSE.....		43.
MISCELLANEOUS.....		65.
OTHER.....		18,073.
WEBSITE.....		600.
	Total \$	<u>47,139.</u>

Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Machinery and Equipment.....	\$ 1,193.	\$ 995.
Total	<u>\$ 1,193.</u>	<u>\$ 995.</u>